

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**VERNON VELDEKENS**

Mailing Address PO BOX 9556

City	State	Zip Code
THE WOODLANDS	TX	77387-9556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**THE MARCEL GROUP**

Occupation  
**DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.129143**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

**B. Full Name (Last, First, Middle Initial)**

**MRS. JO LYNN VELDKAMP**

Mailing Address 7483 CAPRI ST

City	State	Zip Code
PORTAGE	MI	49002-9420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KALAMAZOO CHRISTIAN SCHOOLS**

Occupation  
**TEACHER'S ASSISTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157843**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVEN G. VELDKAMP**

Mailing Address 7483 CAPRI ST

City	State	Zip Code
PORTAGE	MI	49002-9420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREAT LAKES**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.157844**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

**Subtotal Of Receipts This Page (optional)**.....

**8100.00**

**Total This Period (last page this line number only)**.....